



# Details of CLIA Final QC Regulatory Changes

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# Subpart A

## General Provisions

### ◆ NEW REQUIREMENTS

- Revised definitions for calibration, FDA-cleared or approved, reportable range & test system.
- Replaced NIDA (National Institute for Drug Abuse) with SAMHSA (Substance Abuse & Mental Health Services Administration).



# Subpart I

## Proficiency Testing

### ♦ P T REQUIREMENTS

- Changed 90% consensus to 80% consensus for referee lab grading by PT providers.
  - Reduces number of ungradables.
  - Permits labs to “get more for their money”.
  - Facilitates better lab education; i.e., error ID & correction.



# Subpart J

## Facility Administration

### ◆ FACILITY REQUIREMENTS

- Apply to moderate & high labs (nonwaived).
- Includes:
  - Mostly generally applicable requirements.
  - Coordination w/ Federal, State & local laws.
  - Transfusion/FDA-related information.
  - Safety provisions.
  - Record keeping standards; e.g., record retention.



# Subpart J

## Facility Administration

### ◆ **NEW FACILITY REQUIREMENTS:**

- Comply w/ Federal, State & local laws.
- Ensure adequate safety precautions to provide protection from lab hazards are accessible.
- Contains molecular amplification procedures.

### ◆ **Record Retention**

- Preserve records properly.
- Requires record retention for closed facilities.
- Retain test procedure 2 years after use.
- Retain performance specifications 2 years.



# Subpart J

## Facility Administration

### ◆ Requirements for Transfusion Services

- Report transfusion reactions/fatalities to lab & authorities.
- Retain BB records same as FDA requires.



# Subpart K

## Quality Systems

### ◆ QUALITY SYSTEMS REQUIREMENTS

- Applies to nonwaived (mod. & high) testing.
- General Laboratory
  - Requirements for confidentiality, specimen integrity, complaints & communication.
- Pre-analytical
- Analytical
- Post analytical
- Parallels specimen flow through the lab.
- Emphasizes Quality Assessment.





# Subpart K

## Quality Systems

### ◆ COMPONENTS OF QUALITY SYSTEMS

- Calibration requirements.
- Test verification standards.
- Removal of FDA role in QC.
- PT & test accuracy.
- Test ordering, recording & reporting requirements.
- Reagent storage & other QC standards.
- Specialty/subspecialty QC, etc.





# Subpart K

## Quality Systems

### ◆ Evaluation of PT Performance:

- Verify accuracy of tests w/ no evaluation or score.
- Verify accuracy of test when PT score doesn't reflect test performance.
- Verify accuracy twice annually of regulated analytes for which compatible PT material isn't available from PT providers.



# Subpart K

## Quality Systems

### ◆ PRE-ANALYTICAL

- Solicit patient's age, sex or DOB.
- Solicit specimen source, when appropriate.



# Subpart K

## Quality Systems

### ◆ ANALYTICAL

- Provides flexibility for calibrator selection.
- Follow mfgr's. instructions for storage of reagents, specimens & test systems.
- Removed FDA product dating info to guidelines.
- Director must sign procedures & changes prior to use.
- Follow manufacturer's instructions for maintenance & function checks.



# Subpart K

## Quality Systems

### ◆ Performance Specifications-test validation:

- Applies to both moderate & high tests.
- Perform only once for new tests!
- Establish accuracy, precision, reportable range.
- Verify manufacturer's normal values.
- Determine calibration & calibration control procedures.



# Subpart K

## Quality Systems

### ◆ Control Procedures

- Perform hematology QC once/day.
- Utilize control system capable of detecting reaction inhibition for molecular amplification.
- Include for electrophoretic procedures one QC material w/ substance being measured.
- Use a different lot of calibrators as controls than those used to calibrate test.



# Subpart K

## Quality Systems

### ◆ Microbiology

- Use a control organism with a negative acid fast reaction for mycobacteriology.
- Check each batch, lot & shipment of lactophenol cotton blue only when prepared or opened for intended reactivity.
- Test each batch of media & lot no.& shipment of antifungal agents before or concurrent w/ initial use.



# Subpart K

## Quality Systems

### ◆ Immunohematology

- Included only specific cites for FDA BB (21 CFR) requirements under CLIA.

### ◆ Histopathology

- Check immunohistochemical stains for pos. & neg. reactivity each time of use.
- Provide neuromuscular pathology reports if trained in neuromuscular pathology.





# Subpart K

## Quality Systems

### ◆ Cytogenetics

- Maintain records of resolution used as appropriate for type of tissue or specimen & study type.
- Require full chromosome analysis for sex determination.
- Utilize the International System of Cytogenetic Nomenclature on report.



# Subpart K

## Quality Systems

### ◆ Histocompatibility

- Determine a technique that detects HLA specific antibody w/ a specificity equivalent or superior to that of the basic microlymphocytotoxicity assay.
  - Use a method that distinguishes HLA class antigens from antibodies to Class I antigens.
- Have available monthly serum specimens for screening & crossmatch; follow policy consistent w/ clinical transplant protocols for frequency of antibody screening.



# Subpart K

## Quality Systems

### ◆ Histocompatibility cont'd.

- Document techniques for increased sensitivity compared to basic complement-dependent microlymphocytotoxicity assay.
- Define test protocols for each type of cell, tissue or organ to be transfused or transplanted.
- Follow policies that address when HLA testing & final crossmatches are required for pre-sensitized non-renal transplant recipients.



# Subpart K

## Quality Systems

### ◆ Histocompatibility cont'd.

- Requires reagent specificity when reagent prepared in-house.
- Establish technique to optimally define HLA Class I & II.



# Subpart K

## Quality Systems

### ◆ POST ANALYTICAL—Test Report

- State date of test report on report & include specimen source, if applicable.
- Include name & ID no. or unique patient identifier & ID no.



# Subpart M

## Personnel

### ◆ PERSONNEL REQUIREMENTS

- Represents only remaining complexity-dependent requirements.
- Permits individuals w/ doctoral degree serving as high complexity directors before 2/24/03 to continue to qualify.
- Prospectively requires board certification for **new** high complexity doctoral degreed directors.
- Approved Boards to be listed in Appendix C of Surveyor Guidelines instead of regulations.



# CLIA FINAL QC REGULATIONS

## ◆ CONTACT INFORMATION:

- CMS WEB SITE: [www.cms.hhs.gov/clia](http://www.cms.hhs.gov/clia)
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THE END  
THANK YOU!!

QUESTIONS????

